



# THE AFMLL

## The Air Force Medical Logistics Letter

*Delivering Customer Focused Global Integrated Logistics*



AFMLL 23/24-96  
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Air Force Medical Logistics Office  
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## MEDICAL MATERIEL

### Requirement for Hepatitis A Vaccine

The Air Force now requires all personnel be vaccinated against the Hepatitis A virus. **Attachment 5** contains a list of Hepatitis A vaccines available from the Prime Vendor (PV). No determination has been made about the efficacy of administering the SmithKline Beechum product for the first dose, and the Merck product for the second dose. When placing orders for the vaccine, inform the PV this is a one-time requirement for annual vaccination. Keep in mind since this may not be an item you provided usage data on, the PV may not be able to provide next day service. The list is in Unit Measure Price Sequence with the lowest priced item listed first. The price is based on the Distribution and Pricing Agreements (DAPA) without the cost recovery factor or distribution fee included, so the actual price will be slightly higher. (AFMLO/FOM-

### Attachments

Engineering, Facilities, and Equipment (ATCH 1)  
Quality Assurance - AFMLL 23-96, pages 1-15, AFMLL 24-96 pages 16-28 (ATCH 2)  
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Available Hepatitis A Vaccines (ATCH 5)  
USAF Medical Logistics Directory (ATCH 6)

P, TSgt Bryan Matthews, DSN 343-4172)

## Quality Assurance (QA)

One of the most important responsibilities we have as medical logisticians is to maintain accurate QA records and ensure action is taken to remove suspended stock from using activities. Failure to do so directly impacts the health and lives of our patients. We do not stock as many items as in the past, but all QA data must still be input into MEDLOG, whether the item is stocked or a master record maintained. We must be able to determine if one-time purchases are suspended or not. Additionally, when you complete an ESU transaction, type the QA message number in the authority field. This action will make it easier for the person processing receipts to research the QA data. Managing a first rate QA program is not a difficult task, but it takes a lot of time and attention to detail. Ensure you follow all procedures promptly. The health of our patients is at risk. QA messages are available through Autodin Message Traffic, e-mail, ABBIE, the AFMLL, and on the World Wide Web (WWW). Suggest individuals monitoring QA and processing receipts have access to the WWW to easily obtain QA messages. If you find you did not receive a message through one of these tools, call AFMLO and we will fax the message to you. Questions about QA may be directed to Bonnie Phillips at DSN 343-4170. (AFMLO/FOM-P, Capt Theresa Wood, DSN 343-4168)

## Quality Assurance (QA) Tidbits

**Tidbit #1:** All QA information including suspensions, recalls, and item destructions applies to both operating and WRM materiel.

**Tidbit #2:** QA messages can be obtained in any of the following ways:

- Autodin Message Traffic
- E-Mail
- ABBIE Bulletin Board
- World-Wide Web/AFMLO Home Page
- AFMLL Letters

(AFMLO/FOM-P, Mrs. Bonnie Phillips, DSN 343-4170)

## Medical Logistics Workshops - FY 97

Confirmed dates and locations of the 1997 Medical Logistics workshops are as follows:

**Region One** 27-31 Jan 97  
MacDill AFB, FL DSN 968-5355  
POC: Maj. Miguel Reece/SSgt Dave Rose  
All bases located in states east of the Mississippi River

**Region Two** 24-28 Feb 97  
Keesler AFB, MS DSN 597-9163  
POC: SMSgt Pam Kavanaugh/MSgt Paul Filhiol  
Bases in Texas, Oklahoma, Arkansas, Louisiana, and Mississippi

**Region Three** 10-14 Mar 97  
Travis AFB, CA DSN 799-3950  
POC: SMSgt Ernie Roy  
All remaining bases in the CONUS (west of the Mississippi and excluding Region two states)

**PACAF** 17-21 Mar 97  
Hickam AFB, HI DSN 315-449-1991  
POC: MSgt Keith Miller

Personnel assigned in the regions have priority for attendance, along with medical centers throughout the continental United States (CONUS). Personnel desiring to attend from outside their region are welcome to attend. All attendees should contact the points of contact listed, as early as possible, to make reservations. All workshops are held at locations within the government per diem rates. With the exception of the PACAF, workshops begin on Tuesday, and end on Thursday. The 4A1 target audience is SrA-TSgt. The 4A2 target audience is SrA-MSgt and Clinical Engineers, but everyone is welcome to attend. Military uniform is any combination of the blue uniform; the wear of BDUs or whites is **highly** discouraged. To present a briefing at a workshop, contact the respective Career Field Manager. We welcome and solicit base input. Remember, these are your workshops!

A brief synopsis of the workshop agenda follows. Due to time constraints and staff availability, every topic is not covered at each workshop.

## **Medical Materiel Topics**

### Acquisition Management

Four-hour block encompasses all aspects of requisitioning medical supplies through various sources, i.e., Defense Personnel Support Center (DPSC), Decentralized Blanket Purchase Agreements (DBPAs), PV, and contracting. We hope to have available representatives from DPSC, AFMLO, PV contact, and local contracting. Reports in the acquisition process will be explained, reviewed, and demonstrated.

### Reports Management

The AFMLO staff and SSG will present financial reports used in the management of the stock record account.

### Inventory Management

The AFMLO staff and “field” experts will discuss AFMEDS, Stock Status Report use and management, inventory control policy and procedures, and other necessary tools and methods used for inventory management.

### War Reserve Materiel (WRM) Management

AFMLO staff will discuss various aspects of WRM management, emphasizing reports and their use. This four-hour workshop will include topics on the WRM Stock Status Report, QA record management, WRM level computation, Table of Allowance (TA) changes, and Status of Resources and Training Systems (SORTS) reporting procedures.

### Medical Equipment Management Office (MEMO)

This workshop will provide a broad spectrum of expertise to review the technical, day-to-day issues, i.e., how to build and maintain custodian account folders, use and disposition of equipment documents and listings, up to and including reports to Major Commands (MAJCOMs), explanation of financial documents, and the actual funding process from AFMLO.

### Forward Logistics

One-hour workshop discussing different techniques and methods of employing Forward Logistics, leading into a review of what is happening to make Forward Ownership a reality. AFMSA\SGSL staff will lead this workshop.

### Hazardous Materials Panel Discussion

One-hour briefing presented by AFMSA/SGSL will involve the local Bioenvironmental Engineer, if available.

### SSG Update

An SSG functional analyst will present the latest information on Medical Logistics System (MEDLOG) changes, discussion of trends noted from field calls, present new release information, leveling techniques for MEDLOG and an opportunity for a question and answer period.

### Process Identification Improvement

One-to-two hour session to develop and improve process flow charts for use in AFMAN 23-110, Volume 5, and benchmarking efforts.

### Current Issues

An open discussion led by AFMSA and AFMLO on current issues and policy decisions, and “forecasts” for the future of medical logistics.

### CFM Time

The AFMLL is a specialized newsletter published by the Air Force Medical Logistics Office. The AFMLL is published every two weeks to provide timely medical materiel support data to Air Force medical activities worldwide. Our mission is to ensure all Air Force medical facilities receive the highest level of medical logistics support. In that regard, we solicit your articles for inclusion in the AFMLL to relay information for use by other activities. For additional information concerning this publication, call (301) 619-4158/DSN 343-4158 or write to the Air Force Medical Logistics Office, ATTN: FOA, Building 1423, Fort Detrick, Frederick, Maryland 21702-5006. Articles may be data faxed to (301) 619-2557 or DSN 343-2557.

The use of a name of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

Matters requiring AFMLO action after normal duty hours may be referred to the AFMLO Staff Duty Officer. The Staff Duty Officer may be reached at DSN 343-2400 or (301) 619-2400 between the hours of 1630 and 0700 weekdays, and anytime on weekends and holidays.

One-hour brief for the CFM to give current Air Force Specialty Code (AFSC) specific and related information to the 4A1X1s.

Idea Generation Session (All Attendees)

This exercise is intended to generate thoughts, ideas, and discussions among the workshop attendees. Of all the different sessions that have been held during previous workshops, this one has been proven extremely well received. As a group, with one facilitator, it tends to create an atmosphere of equality and togetherness among all disciplines and dissolves barriers that sometimes exists between the faculty staff and attendees.

Question and Answer Session

Back by popular demand from participants, the purpose of this session is to allow time for an informal question and answer session.

**Medical Maintenance**

A brief synopsis of the maintenance workshop agenda is: Manpower Stats, Seven-Level Update, Task Analysis, Career Field Education Training Plan, On-the-Job-Training (OJT) Management, Education and Training, Career Development Courses (CDCs), Workload Management, MEDLOG Management, X-Ray Procurement, Contract Analysis, MEMO, Joint Commission of Accreditation of Healthcare Organizations (JCAHO), and Constraints to Work.

If there are other topics you would like discussed, contact Chief Rea at DSN 240-3949, or Chief Christian at DSN 343-4040. (AFMSA/SGSL, CMSgt Dave Rea, DSN 240-3949)

**Department of Veterans Affairs (DVA)  
Established Price-per-Test (PPT)  
Blanket Purchase Agreements (BPAs)**

The VA has begun to develop PPT BPAs with numerous companies distributed by sales representatives. Typically, these BPAs consist of an Amendment of Solicitation/Modification of Contract (SF30) which incorporates an attached "template" BPA into a preexisting multiple award Federal Supply Schedule (FSS) contract (see 30 Aug 96 AFMLL, Did you know?). The BPA is complete in every respect, but unsigned by either party.

By all preliminary indications, these agreements feature outstanding prices; however, you should compare all terms and conditions against what you are currently using.

In the current form, these agreements are not DBPAs, so users will never place orders. Orders must be placed through contracting. A preferred option is to establish a separate DBPA using the provided BPA template as a starting point. Once accomplished, the user can place orders. Contracting deals directly with the company, and should have little problem establishing a DBPA to mirror the provided template in every respect, including price.

Users may order items off current DBPAs only when the following conditions apply:

1) *The DPSC DBPA includes item(s) on open market.* Some DPSC DBPAs are open market, some are combination FSS/open market and others are strictly FSS. Only the first two will work. The DD Form 1155 cover page should explicitly state which type of contract you have.

2) *The vendor agrees to honor the lower prices.* Call the vendor and request to place an order against your DPSC DBPA utilizing prices in the VA template. Be prepared to provide a contract number as a reference. The vendor has the option of using the alternate pricing scheme.

Once the DBPA is in place, remember that even with PPT, where the type of equipment you have effectively limits your vendor choices, you must still follow competition requirements if individual orders exceed \$2,500. If your contracting office establishes a local DBPA, work together to substantiate the cost effectiveness of this type of "indentured" arrangement. Equipment is usually rent-free, but if there is an associated rental fee, this charge must figure into the price comparison. If the reason for the choice is other than, or in addition to, more favorable pricing, you need to include a sole source justification letter as part of your DBPA establishment request.

If placing an order against a DBPA without a sole source justification, recommend an informal memo be attached to the DBPA file documenting the rationale for the choice of the vendor's items and equipment (i.e. price, clinical preference etc.). The memo should demonstrate the vendor's product to be the best value (i.e. most cost effective) *over the length* of a specified period of time, usually no longer than one year. At the end of the time period, another informal cost benefit analysis should be conducted to reassess the current pricing climate.

AFMLO is researching the best way to establish DBPAs directly with the VA. There are some initial hurdles to clear, and a firm timetable has not been announced. In the meantime, we hope these instructions assist in obtaining the best PPT pricing for your facility. (AFMSA/SGSLC, Albert Jacob, DSN240-3944)

### **Depot Drawdown of Medical/Surgical (Med/Surg) Items**

DPSC will draw down their stock of med/surg items beginning January 1997. Items available on DAPA will not be stocked in the depot. PV contracts are requirements contracts, so you must check the Product Price Comparison (PPC) tool for sources of items you currently purchase through DPSC. (AFMLO/FOM-P, Capt Theresa Wood, DSN 343-4168)

## **VA On-Site Contracting Program**

The VA on-site contracting program completed its first year of operation in Nov 96. During the year, twenty-nine bases, MCLB, OL-2, and AFMLO placed 254 orders for equipment and services valued in excess of \$20 million. The program resulted in a total savings of more than \$329,000.

Examples of orders include the purchase of two anesthesia systems with a procurement lead time of two weeks and a savings of almost \$8900 per system over government pricing; the award of a contract for a cataract surgical system at \$21,631.50 below list price; and the negotiation of a \$21,800 price reduction for an \$105,000 ultrasonic aspirator. Mary Boyd, the VA contracting officer, is working on a DBPA for Physio Control Lifepak 10 defibrillators. A substantial cost savings is expected over Federal Supply Schedule (FSS) pricing. Details on this DBPA will follow as they become available.

Using activities are reminded that this program should be limited to the greatest extent possible to equipment orders over \$2500. Orders under \$2500 should be purchased through the IMPAC program at the base level. If the vendor does not accept IMPAC and it is an urgent requirement, contact AFMLO for assistance. Orders under \$2500 or for other than equipment items can be purchased using the on-site VA contracting officer program after prior coordination with Capt Zemkosky at AFMLO.

When forwarding purchase requests to the VA on-site contracting officer, ensure a price quote or product literature accompanies the funded AF Form 9. If other than standard delivery modes or schedules are required, attach an emergency justification with the package. If you have questions about the program or suggestions on how we can better serve you, please let us know. (AFMLO/FOM-P, Capt David J. Zemkosky, DSN 343-4028)

### **Equipment Prime Vendor (PV)**

DPSC has expanded Medical/Surgical (Med/Surg) PV to include some equipment items. Equipment PV *is not* a mandatory source. Recommend use for durable supplies, i.e., wheel chairs, but this may be a more expensive option for purchase of expensive equipment because of the surcharge (usually five percent or higher) and because the difficulty of ordering the equipment, accessories, and options electronically. The surcharge goes to the PV who will not stock equipment items. In comparison, equipment purchased through the VA contracting officer at AFMLO incurs a surcharge of only one percent for items on Federal Supply Schedule (FSS) and three and one-half percent for open market items. Consider the surcharge when making purchasing decisions aimed at the lowest delivered cost. (AFMLO/FOM-P, Capt Theresa Wood, DSN 343-4168)

### **Centrally Procured (CP) Validation**

A Centrally Procured (CP) validation dated 23 Aug 96 was sent to all FM accounts for processing and return to AFMLO not later than 30 Sep 96. As of this date, not all reports have been received. The CP validation reflects the on-hand/authorized balances for all CP equipment within WRM projects at each account. The CP validation is an extremely important tool for the base as well as AFMLO. This product enables each account to reconcile records, while providing AFMLO visibility of all CP equipment authorized and on-hand in each project. The report also identifies Prime-on/hand, Sub-on/hand, Due-in, and any excesses that may exist.

While reviewing reports we have received, we noticed equipment moved from one project to another. Some of these transfers were not coordinated through AFMLO. Even if you are moving one line item of CP equipment or an entire project, AFMLO needs to be notified. CP equipment is owned by the Air Logistics Center (ALC); however, AFMLO manages this equipment for the ALCs. We need visibility of CP equipment at all times. The manager for CP equipment is Dianna Wilson at DSN 343-7517. If you have not received your CP validation, or if you have any questions, please call us for assistance.

(AFMLO/FOC-R, Ms. Dianna Wilson, DSN 343-7517)

### **Chemical Agent Monitors (CAMs)**

Information concerning CAMs (NSN 6665-01-199-4153) was received from Mr. Daryl Inglet, item manager at the ALC, Kelly AFB TX. This information requires bases to have an Air Force Radioactive Materials permit on file at the ALC prior to receipt of the chemical agent. Bioenvironmental Engineers must submit a memo requesting the permit to their MAJCOM and Brooks AFB TX. Include the following information in the memo: reason for request, item, quantity, organization, phone number, point of contact, and supply code. Brooks AFB will then forward a letter entailing conditions of the permit to the base POC. A sample condition may require bases to inventory the items(s) every six months, or perform a code leak test every twelve months; in other words, conditions to be met for the item(s) to be secured, and ensuring a Safety Officer is appointed familiar with the equipment. (AFMLO/FOC-R, Ms. Dianna Wilson, DSN 343-7517)

### **Dental Delivery System Shared Procurement Contract**

The DEN-TAL-EZ dental delivery system on shared procurement is currently being evaluated by Dental Investigative Services (DIS). DIS has determined that, although remote, the present configuration presents a potential shock hazard to the operator and/or patient. For further information, see related article in the Biomedical Equipment Maintenance section of this AFMLL. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

### **How Do We Get There From Here**

Resources will continue their downward trend throughout our immediate future. While this is occurring, the objective of output enhancement will remain. Arguably, this becomes a formula for decreasing quality, and eventually quantity. As



balance is lost, so too will our ability to meet the operational demands of the future. Why is this happening?

Federal pressure to control expenditures has caused government agencies to respond with saving plans. The DoD approach, in part, has focused on work force reductions. Downsizing is not a unique response to expenditure control efforts; examples in the private sector abound. However, without collateral reductions in requirements, work force reductions contain inherent risk. In our case, the introduction of TQM amidst allegations of inefficiency, has caused many to believe reductions can be absorbed with little, or no negative impact. In contrast, the reality for remaining personnel in the Medical Service has been a redistribution, not elimination, of work.

This article presents findings on management techniques that may offer capacity expansion capabilities. The objective is maintaining balance between resources and requirements. This has been achieved in several ways, usually by employing methods that add resources or reduce requirements. If impractical, due to external circumstance, other alternatives require exploration. In our view, balance is achievable using an approach that can fill the void between management's expectations and subordinates' capabilities, without sacrifice to their health or spirit. In a resource constrained environment this is no small accomplishment. Recent studies provide insights we feel are useful to this effort. To properly present these findings, we begin with a review of TQM, in particular the Medical Service's experiences implementing its principles.

TQM introduced principles of empowerment, partnering, change (continuous improvement), cross-functioning teams, horizontal structuring, communication and learning, and a customer focus. These TQM principles proved to be concepts that challenged the more mechanistic management principles practiced by military managers. Fundamental to military organization is a structure where objectives, standards, and measurement originate at the top and cascade downward creating control focused management; oriented on conformity

and production. Intertwined, has been a method of ranking personnel that often dictates the flow of information, decision making, and how we relate to one another. From this foundation came our hallmark internal controls, usually credited with generating the means through which previous successes have been realized. However, as efficiency concerns dominate our management landscape and environments become increasingly dynamic, providing a responsive and flexible management style is viewed as necessary. The perception was failure to respond to these demands would result in performance degradation. TQM was introduced as a complimentary and augmenting style, billed as offering the potential to realize enhanced efficiency.

Reviews of TQM's impact have been mixed. For every positive account a contrary one has been provided. Anecdotal evidence suggests that where implementation comprised melding TQM into existing management style designed to maintain stability and predictability, used chain of command to audit and control organization activities, or paid more attention to processes than customers, results were less than expected. However, where change and learning were emphasized, TQM's impact had a more positive outcome. This suggested a turnkey method of incorporating TQM's principles will likely restrict benefits. From this, we learned that taking lessons from a manufacturing setting (where TQM gained its notoriety) and directly applying in a service environment, requires customization to create the best prospect for success.

To provide service effectiveness in a competitive (Tricare) and dynamic environment, adaptability must be an integral element of day-to-day management practice. We are challenged to provide stable and reliable performance, while we explore our environment and develop innovative means of meeting changing requirements. Essential is recognizing this paradox, and the associated drives toward seemingly opposite conditions. Overcoming this contradiction with a management philosophy that supports balance is the objective. Our contention is achievement offers potential dividends beyond the near term.

The influence of Process Management and empowerment on output was studied at one of our large hospitals. Subsequently, a survey study of technician perceptions of Process Management, and its relevance to workplace improvement and outcome enhancement was performed. Attention focused on Process Management's facilitation of learning, as well as control.

### **Definition of Terms**

#### Process Management

The understanding and management of interrelated activities that converts input into output. Simultaneously, it is the ongoing assessment of the environment in order to influence or anticipate change, and construct processes to insure associated expectations are satisfied.

#### Empowerment

The delegation of decision making to the point of output production. Included is the provision of information and resources necessary for decision making, process improvement, and outcome enhancement.

At the study hospital, the Medical Logistics Flight incorporated Process Management and empowerment into existing management architecture. What separated this from other implementations was the effort put into preparing the flight's management for the change. The plan concentrated on ensuring TQM was more than an overlay on the existing system of management. Planning meetings were conducted to form a foundation of acceptance for change. Meetings concentrated on establishing common understanding to facilitate team participation. Accomplished was the development or realignment of 17 processes, the establishment of a new section, resource reallocations among the flight's sections, and office (physical) reconfiguration.

Review, approximately 7 months after implementation, determined increases in performance and output. The findings strongly suggested a positive influence between Process Management and output enhancement. The assessment process comprised interviews with

management, an evaluation of output, and a survey of customers.

#### Performance Output

Thirteen indicators measuring output expected to be influenced by Process Management were reviewed. Eleven reflected enhancement.

#### Customer Impressions

Ninety-five percent of over 70 respondents evaluated the flight's support as "Excellent or Outstanding." An overall improvement of 12 percentage points, specific areas improved as much as 35 percentage points, from previous assessment.

#### Interview and Survey Comments

Seven managers were interviewed and 20 technicians responded to a questionnaire. Questions focused on impressions.

#### Management Comments (summary)

Process Management enhanced efficiency, clarified tasks, improved communication, encouraged empowerment, enhanced opportunity for participation in decision making, guided resource utilization, reduced redundancy, and improved the task performer's feelings about the tasks they are performing. Open communication was felt necessary to advance performance and increase productivity. Leadership support was viewed as mandatory and goal clarification a requirement. Empowerment was not viewed as appropriate for all staff; some workers do not want the associated responsibility.

#### Technician Questionnaire Responses (summary)

Process Management provided flexibility, improved communication, clarified the path to performance excellence, and enhanced the means to achieving efficient and successful outcomes. Further indicated was a view that participation in decision making, and being responsible for service effectiveness was motivational. They perceived the challenge was to continuously improve services. Flexibility was valued over structure. Noteworthy, was the perception that hospital leadership (outside the flight) displayed little support for empowerment.



The referenced findings, along with staff and customer perceptions suggest Process Management and empowerment provide management with techniques capable of enhancing output. Fundamental to reaching this assessment was realizing the contribution of the work environments "management climate." In particular, the positive influence of one characterized by a style that supports flexibility, decentralized decision making, and subordinate participation. (HQ ACC/SGPX, Maj Stephen Wolfe, DSN 575-7874)

## USAF Medical Logistics Directory

**Attachment 6** is the November 1996 issue of the USAF Medical Logistics Directory. You may reproduce additional copies as needed. Instructions for access to ABBIE are found at pages 57 through 59. This on-line bulletin board is a great way to keep account information current. The directory is also available on the AFMLO WWW home page. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

## Current Status of Decentralized Blanket Purchase Agreements (DBPAs)

Pages 1 through 65 of **Attachment 3** AFMLL 23-96 contain the quarterly updated list of DBPAs. Pages 66 through 69 are an alphabetic cross reference for DBPAs while pages 70 through 74 provide a category reference. A Routing Identified Code (RIC) list is included as pages 75 through 77.

## New and Renewed Agreements

DD Forms 1155 are provided on pages 78 through 83 of **Attachment 3**, AFMLL 23-96. To use the DBPA, copy pages 16 through 37 of the basic agreement and pages 38 through 40 for MODS 1 and 2 from AFMLL 21-96 and combine with these DD Forms 1155. Newly negotiated agreements are:

<u>SP0200-97-A</u>	<u>Vendor Name</u>	<u>RIC</u>
8564	Logen Pharm./PDQ Wholesale	LLV
8565	Caltag Laboratories, Inc.	LFP

8567 Casing Corporation Lfq

## Agreement Modifications

A copy of the modifications listed below are provided on pages 81 through 83 of **Attachment 3**.

(SP0200-97-A)

<u>DLA-120-97-A</u>	<u>Vendor Name</u>	<u>Mod for</u>
9117	Star Dental	Add add'l "remit to" address
9154	Westwood-Squibb Pharm.	Name, address, & "remit to" address
9343	Whitby Pharmaceuticals	Name, address, & "remit to" address

## Did You Know?

You may save the government money if you deal directly with the manufacturer, instead of a distributor for medical maintenance repair/calibration services. Are you overpaying for maintenance on your dental handpieces? White-Gold Dental, DBPA SPO200-96-A-A9213 not only offer great prices on repair and calibration of dental handpieces, but offer credit for dental supplies and/or dental equipment repair in exchange for obsolete, damaged, nonrepairable, or removed from service dental equipment.

## SP0 Agreement Conversions

The following agreements have been converted to SP0200-97-A.

8501	8502	8503	8504	8505	8506
8507	8508	8509	8510	8511	8512
8513	8514	8515	8516	8517	8518
8519	8520	8521	8522	8523	8524
8525	8526	8527	8528	8529	8530
8531	8532	8533	8534	8535	8536
8537	8538	8539	8540	8542	8543
8544	8545	8546	8547	8548	8549
8550	8551	8552	8553	8554	8555
8556	8557	8558	8559	8560	8561
8562	8563	8564	8565	8567	9002

9005	9006	9009	9013	9014	9017
9018	9019	9020	9021	9022	9026
9027	9028	9029	9030	9032	9035
9038	9042	9048	9049	9050	9052
9056	9057	9059	9061	9068	9072
9073	9074	9077	9081	9084	9085
9086	9088	9093	9094	9095	9099
9105	9107	9108	9110	9111	9112
9114	9117	9122	9125	9127	9128
9129	9130	9131	9132	9133	9134
9135	9136	9138	9139	9141	9143
9144	9147	9149	9150	9152	9153
9154	9155	9158	9159	9160	9162
9166	9170	9171	9172	9177	9182
9184	9189	9194	9196	9204	9207
9209	9210	9211	9213	9214	9215
9217	9219	9220	9221	9225	9226
9227	9228	9231	9232	9233	9235
9236	9237	9238	9239	9242	9243
9244	9245	9246	9247	9250	9252
9253	9255	9256	9259	9261	9265
9266	9267	9269	9270	9274	9275
9276	9278	9281	9283	9284	9285
9287	9288	9289	9290	9293	9294
9296	9298	9299	9300	9301	9303
9304	9305	9308	9309	9310	9311
9314	9316	9317	9319	9320	9321
9322	9323	9325	9327	9329	9334
9338	9342	9349	9350	9353	9354
9356	9360	9363	9367	9369	9370
9377	9378	9380	9383	9385	9390
9391	9403	9405	9409	9411	9414
9416	9420	9423	9425	9433	9434
9435	9436	9438	9441	9458	9459
9462	9463	9464	9465	9466	9467
9468	9469	9471	9472	9474	9475
9476	9477	9478	9479	9480	9481
9482	9483	9484	9486	9487	9488
9489	9490	9491	9492	9493	9494
9495	9496	9497	9498	9499	9500

(AFMLO/FOM-P, Mrs. Charlotte Christian, DSN 343-4164)

## Information

### Medical Logistics in Action

Headquarters, Air Force Medical Support Agency (HQ AFMSA) and the Air Force Medical Logistics Office (AFMLO) extend sincere congratulations to the personnel named below for their outstanding achievements. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

### Promotion to Chief Master Sergeant

The following individuals were selected for promotion to Chief Master Sergeant. Col Timothy Morgan, Chief, Medical Logistics Division, HQ, AFMSA, and Col Jeffrey Cooper, Chief, AFMLO and their staffs congratulate these individuals on their significant achievement.

#### *Medical Materiel 4A1x1*

Darryl Lambert	Aviano AB IT
Norman Whitt	Yokota AB JA

#### *Biomedical Equipment Technician 4A2XI*

Tim Reynolds	Wright-Patterson AFB OH
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### 305th Medical Support Squadron Fort Dix NJ

**Norton Grant** and **Monica Weeks** were promoted to the rank of **Airman**. **SrA William Young** was selected as the 305th Medical Support Squadron Airman of the Quarter for the period Jul - Sep 96. **MSgt Donald Weigner** was selected as the 305th Medical Support Squadron Senior Noncommissioned Officer of the Quarter for the period Jul - Sep 96. **SSgt Jack Klopfenstein** was awarded the Air Force Commendation Medal for duty performance while assigned to the 305th Medical Group.

### 75th Medical Group Hill AFB UT

**Toni R. Smith** was promoted to **Airman**. **Elaine D. Carpenter** was promoted to **Airman First Class**. **Yoketha I. Sims** was promoted to **Senior Airman**. **SSgt Keli A. Casimir** was awarded the Air Force Commendation Medal (2nd OLC) for duty performance while assigned to the 75th Medical Group at Hill AFB UT. **MSgt Luis G. Madrigal** was awarded the Air Force Commendation Medal (3rd OLC) with valor, and the Purple Heart while assigned to the 4404th Medical Group, Dhahran, Kingdom of Saudi Arabia.

### **66th Medical Group Hanscom AFB MA**

**Bryan Bliss** was promoted to **Airman First Class**. **Henry Corning III** was promoted to **Technical Sergeant**. **TSgt Keith Tousignant** was awarded the Meritorious Service Medal for outstanding duty performance while assigned to McClellan AFB CA.

### **18th Medical Group Kadena AB JA**

**Christina T. Silva** was promoted to **Senior Airman**. **Marion S. Cortez** was promoted to **Chief Master Sergeant**.

### **45th Medical Support Squadron Patrick AFB FL**

**Enrique C. Elizondo** was promoted to **Airman**.

### **35th Medical Group Misawa AB JA**

**Larry Bottoms** was promoted to **Master Sergeant**. **Capt Mike Warwick** was selected as the 35th Fighter Wing Company Grade Officer of the Quarter for the period Jul - Sep 96.

### **86th Medical Group Ramstein AB GE**

**Mike Young** was promoted to **Airman**. **TSgt Robert E. Southern** was selected as the 86th Medical Support Squadron Noncommissioned Officer of the Quarter for the period Jul - Sep 96. **MSgt Edward E. Ring** was selected as the 86th Medical Support Squadron Senior Noncommissioned Officer of the Quarter for the period Jul - Sep 96. **Capt Philip "Spike" Jones** was selected as the 86th Medical Group Company Grade Officer of the Quarter for the period Jul - Sep 96.

### **60th Medical Support Squadron Travis AFB CA**

**Javier Montoya** and **Simplicio Tualla** were promoted to **Senior Airman**. **Capt Benjamin Rubio** was presented the Air Force Commendation Medal for meritorious duty performance while assigned at the Air Force Medical Logistics Office, Fort Detrick, MD.

### **52nd Medical Support Squadron Spangdahlem AB GE**

**David A. Aman Jr.** was promoted to **Senior Airman**. **SrA William E. Eihusen** was selected as the 52nd Medical Support Squadron Airman of the Quarter for the period Jul - Sep 96. **SSgt Lawrence D. Carter** received his Associate Degree from the University of Maryland.

### **384th Training Squadron Sheppard AFB TX**

The following personnel completed the Biomedical Equipment Apprentice Course, J3ABR4A231.001, Class 960304.

SSgt Robert D. Carlow	Wright Patterson AFB OH
Amn Shawn M. Evans	Travis AFB CA
Amn Michael C. Heath	Minot AFB ND
A1C Erik M. Kennedy	Kirtland AFB NM
Amn Eric M. Melsheimer	Kelly AFB TX
Amn Joy L. Mirrione	Offutt AFB NE
A1C Brian J. Phipps	Davis-Monthan AFB AZ

A1C John H. Sitar\*      Travis AFB CA  
 Amn Qingning Xu      Travis AFB CA

The following personnel completed the Medical Materiel Apprentice Course, J3ABR4A131.000.

Class:                      960930  
 Graduation Date:      961105  
 Instructor:              SSgt Bobby R. Carter

SrA Daniel Aguirre	CA Air National Guard
SrA Carlos Bedford	Andrews AFB MD
TSgt Michael Bouchard	Minneapolis MN
SrA Douglas Brown	Patrick AFB FL
AB Damaris Caraballo	Laughlin AFB TX
AB Evie Drap	Kirtland AFB NM
A1C Nicole Hahn	ANG, ND
A1C Nancy Henning	Barksdale AFB LA
AB Clarissa Hoyt	Hill AFB UT
AB Jill Ollivant	Seymour-Johnson AFB NC
A1C Jennifer Pursell	ANG, OK
AB Nicole Rabe	Cannon AFB NM
Amn Pamela Satcher	Jackson, MS
AB Nora Smith	Andrews AFB MD
SSgt Carol Walters	Maxwell AFB AL
SSgt Keith Williams	Andrews AFB MD

The following personnel completed the Biomedical Equipment Apprentice Course, J3ABR4A231.001, Class 960401.

A1C Andrea M. Bailey	Langley AFB VA
A1C Feldon M. Barlow	Eglin AFB FL
A1C Nacho E. Hall	Langley AFB VA
MSgt Margaret J. Sharkey*	McGuire AFB NJ
Amn Floyd M. Thomas	Hanscom AFB MA

*\* - Denotes Honor Graduate*

## AFMLO Messages/Listings

<u>Category</u>	<u>Last Published</u>	<u>Date</u>	<u>AFMLO OPR</u>
QA Message	6312-0032	8 Nov 96	FOM-P
Last 1995 QA Message	5326-0041	22 Nov 95	FOM-P
DBPA Consolidated List	AFMLL 14/15-96	19 Jul 96	FOM-P
DBPA Message	R252002Z	28 Aug 96	FOM-P
Shared Procurement List	AFMLL 16-96	21 Jun 96	FOM-P
Technical Order 00-35A-39	R302000Z	30 May 96	FOC-T